

# LETTERS *to the Editor*

## Gonorrhea and Ophthalmia Prophylaxis

BOTH LOCALLY AND nationally there has been a horrendous increase in gonorrhea, as reported to health authorities, and this reporting almost certainly reflects much less than the actual incidence.

It may be assumed that, in the population most frequently involved, many infected mothers may not know they are infected, do not usually seek medical care, are frequently pregnant, do not always receive prenatal care; and labor, delivery, and the care of the neonate may be much less than optimal. The numerous reports pointing out this tremendous incidence suggest that exposure of the neonate to gonorrhea may be a frequent event.

Why then is the reporting of ophthalmia of the newborn at such a low level with no corresponding increase during the very period of widespread gonorrheal infection. In California reported cases are only about two per month, although conscientious reporting of this condition, which threatens vision and was once the leading cause of blindness, might be expected. There have been similar comments elsewhere in recent months.

What has happened to conjunctivitis of the newborn? It is simply unreported? Does the use of silver nitrate drops or penicillin prevent its occurrence? Is it likely that a single administration of either agent should be so unfailingly effective? It can certainly be suspected that prophylaxis is frequently applied indifferently and not constantly, probably often not at all in the population principally involved.

Except for some mysterious reason there should be an increase in newborn ophthalmia to correspond to this epidemic incidence. Note that Crede originally encountered an incidence exceeding 10 percent of all newborns. Crede insisted that prophylaxis with silver nitrate weaker than 2 percent

was unreliable; today we rely entirely on 1 percent solution. It is certainly improbable that a single transient exposure to penicillin would be completely effective in preventing this infection.

There are many who are distrustful of the forms of prophylaxis in current use and who object to the trauma and the mechanical and chemical conjunctivitis which ensues if prophylaxis is done conscientiously. If all babies were dismissed from the hospital with strict warnings to the mother that *any* ocular discharge is an emergency which should promptly be brought to medical attention, this should result in early diagnosis; and penicillin should be curative practically overnight. At least this should be completely effective in that portion of the population which can be relied upon to seek medical advice promptly—prophylaxis, for whatever it is worth, being reserved for those who may be expected to escape further attention.

EDWARD B. SHAW, M.D.

*Professor of Pediatrics, Emeritus  
School of Medicine, University  
of California, San Francisco  
Medical Center*

## White House Conference On Nutrition

*To the Editor:* [Washington, D.C., December 4, 1969] President Nixon's White House Conference on Food, Nutrition and Health ended today with little evidence that any significant number of the Conference participants understand the problems of starvation and malnutrition in the affluent United States. There was even less evidence that they know what to do to correct it. Human starvation and malnutrition in this advanced industrial nation are still regarded as mythical by most of the middle-class representatives of the academic and business worlds. The small group of "community representatives," invited to lend some air of "democracy" to the sordid affair, made ineffectual efforts to arouse some sense of urgency in the obviously middle-class leaders of the Conference.